



REGISTRATION FORM

Class Name: Adult Acting Workshop

Date/Time/Location: Sept. 14 – Nov. 2 – every Monday 7:30 to 10:30 PM, at FCTC

Fee (payable upon registration): \$250.00

Name of student:

Address: _____

Phone: home () cell () _____

Email: _____

*Please return completed form with payment (checks made out to FCTC) to:
Full Circle Theater Company, Post Office Box 2127, Shepherdstown, WV 25443*